

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/543331</div>	FILING DATE					
APPLICANT(S)							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		•				51						
2	/		1				52						
3		1					53						
4		2					54						
5	/		1				55						
6		1		1			56						
7		1		1			57						
8	/		1				58						
9		1		1			59						
10		4		3			60						
11	/						61						
12		1					62						
13		1					63						
14		2					64						
15	/						65						
16	/						66						
17	/						67						
18	/						68						
19				3			69						
20				3			70						
21			1				71						
22				1			72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9		4				TOTAL IND.						
TOTAL DEP.	14		13				TOTAL DEP.						
TOTAL CLAIMS	23		17				TOTAL CLAIMS						